

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA!! LTATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PARTI** LOBBYIST (Middle) NAME(Last) (First) **TELEPHONE RADCLIFFE JOHN** H. 808/536-7557 MAILING ADDRESS (Street) FAX 222 SOUTH VINEYARD STREET, SUITE 401 808/599-4340 (Zip Code) (City) (State) HONOLULU Н 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 808/536-7557 RADCLIFFE & ASSOCIATES, LLC MAILING ADDRESS (Street) FAX 222 SOUTH VINEYARD STREET, SUITE 401 808/599-4340 (Zip Code) (City) (State) HONOLULU ΗΙ 96813-2453

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU L	TELEPHONE 336-741-0440		
RJREYNOLDS TOBACCO COMP	ANY		
MAILING ADDRESS (Street)		FAX 336-741-4401	
401 NORTH MAIN STREET			
(City)	(State)	(Zip Code)	
WINSTON-SALEM	NC	27102	
NAME OF PERSON RESPONSIBLE FO	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 336-741-0440	
MIKE PHILLIPS			
MAILING ADDRESS (Street)		FAX 336-741-4401	
401 NORTH MAIN STREET			

(City)	(State)	(Zip Code)	
WINSTON-SALEM	NC	27102	

PART III DESCRIPTION	OF SUBJECTS UPON WHIC	CH YOU EXPECT TO LOBBY			
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development		
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation		
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation		
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)		
[ ] Ecology, Energy Environmental Protection	[ ] Housing	[ ] Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is to the best of my knowledge, correct and complete.					
/ 84	(Signature of Lobbyist)	$\mu$ 3	) AN. 2005 (Date)		
( )	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
MIKE PHILLIPS	REGIONAL DIRECTOR-STATE GOVERNMENT RELATIONS				
NAME OF ORGANIZATION (if ap	plicable)	TE	ELEPHONE 336-741-0440		
RJ REYNOLDS TOBACCO CO	AP ANY	:			
MAILING ADDRESS (Street)		F	AX 336-741-4401		
401 NORTH MAIN STREET					
(City)	(State)	(Zip Cod	e)		
WINSTON-SALEM	NC	27102			
Michael	above - named person to eng	gage in lobbying activities on bel	half of the undersigned.  (Date)		
(Signa	ture of Authorizing Officer of Person	i Nebieseliled)	(Date)		